

HEALTH

Q11-1Aaa

[R68870.00]

(%# of employers% >= 1); /*Is there at least one employer listed?*/

- 1 CONDITION APPLIES...(Go To: Q11-1B)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-4

Lead-In: Q9-68A [Def], Q10-76 [Def]

Q11-1B

[R68871.00]

(%currently working for employer(1)%=1); /*STATUS (Merged,%datevar%,1 WAS R WORKING IN WEEK BEFORE INTERVIEW WEEK? */

- 1 CONDITION APPLIES...(Go To: Q11-4)
- 0 CONDITION DOES NOT APPLY

Lead-In: Q11-1Aaa [1:1]

Q11-3

[R68872.00]

(INTERVIEWER: ENTERING HEALTH SECTION) Would your health keep you from working on a job for pay now?

- 1 YES...(Go to Q11-5A)
- 0 NO

Lead-In: Q11-1B [Def]

Q11-4

[R68873.00]

(Are you/Would you be) limited in the kind of work you (could) do on a job for pay because of your health?

- 1 YES
- 0 NO

Lead-In: Q11-1Aaa [Def], Q11-3 [Def], Q11-1B [1:1]

Q11-5

[R68874.00]

(Are you/Would you be) limited in the amount of work you (could) do because of your health?

- 1 YES
- 0 NO

Lead-In: Q11-4 [Def]

Q11-5A

[R68875.00]

((%health keep r from working now?%=1) OR (%health limit kind of work r can do?%=1) OR (%health limit amount of work r can do?%=1)); /* Check if R has reported a health limitation which affects work. */

- 1 CONDITION APPLIES...(Go To: Q11-5B)
0 CONDITION DOES NOT APPLY

Go To: Q11-9

Lead-In: Q11-5 [Def], Q11-3 [1:1]

Q11-5B

[R68876.00]

(%r's gender%=1); /* Is respondent male? */

- 1 CONDITION APPLIES...(Go To: Q11-7)
0 CONDITION DOES NOT APPLY

Lead-In: Q11-5A [1:1]

Q11-5C

[R68877.00]

(%time unit - time next child planned%=1) AND (%# months next child planned%<=9); /*Is R currently pregnant?*/

- 1 CONDITION APPLIES...(Go To: Q11-6)
0 CONDITION DOES NOT APPLY

Go To: Q11-7

Lead-In: Q11-5B [Def]

Q11-6

[R68878.00]

Is your limitation entirely due to your current pregnancy?

- 1 YES...(Go to Q11-9)
0 NO

Lead-In: Q11-5C [1:1]

Q11-7

[R68879.00]

Since what month and year have you had this limitation %(other than your pregnancy)%?

- 1 SELECT TO ENTER DATE...(Go to Q11-8)
0 IF VOLUNTEERED: 'ALL MY LIFE'

Go To: Q11-9

Lead-In: Q11-5C [Def], Q11-6 [Def], Q11-5B [1:1]

Q11-8

[R68880.00]

INTERVIEWER: ENTER DATE FROM WHICH R HAS HAD THIS LIMITATION.

Enter Date: |__| |__| |__| |__|
 Mon Year

Lead-In: Q11-7 [1:1]

Q11-9

[R68881.00]

How much do you weigh? (ENTER POUNDS)

Enter Answer: |__| |__| |__|

Lead-In: Q11-5A [Def], Q11-7 [Def], Q11-8 [Def], Q11-6 [1:1]

Q11-9A

[R68882.00]

(%# of employers% >= 1); /*Are there any employers listed */

- 1 CONDITION APPLIES...(Go To: Q11-9Aa)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-9E

Lead-In: Q11-9 [Def]

Q11-9Aa

[R68883.00]

(%currently working for employer(1)% = 1); /* Is R currently employed */

- 1 CONDITION APPLIES...(Go To: Q11-9B)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-9E

Lead-In: Q11-9A [1:1]

Q11-9B

[R68884.00]

Please tell me how often the following statement about your job(s) is true. My job(s) require(s) lots of physical effort. Would you say this is true....

- 1 All or most of the time
- 2 Most of the time
- 3 Some of the time
- 4 None or almost none of the time...(Go to Q11-9E)

Lead-In: Q11-9Aa [1:1]

Q11-9C

[R68885.00]

My job(s) require(s) lifting heavy loads, stooping, kneeling, crouching, walking, or other types of physical effort.

Would you say this is true....

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Lead-In: Q11-9B [Def]

Q11-9D

[R68886.00]

(HAND CARD BB) Which of the activities on this card do you do regularly on your job(s)? (SELECT ALL THAT APPLY)

- | | |
|----------------------------------|---|
| 1 Walk around | 7 Reach for supplies, materials, etc. |
| 2 Use stairs and inclines | 8 Use hands and fingers to manipulate supplies, equipment, etc. |
| 3 Stand for long periods | 9 Read printed documents, book, instructions, etc. |
| 4 Stoop, kneel or crouch | |
| 5 Lift or carry weights up to 10 | |

- | | | |
|-------------------------------------|----|---|
| pounds | 10 | Hear special sounds (signals, directions, etc.) |
| 6 Lift or carry heavy weights (over | 11 | Deal with people |
| 10 pounds) | 0 | None of the above |

Lead-In: Q11-9C [Def]

Q11-9E

[R68887.00]

We would like to know a little about your physical activity. How often do you participate in light physical activity - such as walking, dancing, gardening, bowling, etc.

- | | |
|-----------------------------|--------------------------|
| 1 3 times or more each week | 4 Less than once a month |
| 2 Once or twice a week | 5 Never |
| 3 One to three times each | |
- month

Lead-In: Q11-9A [Def], Q11-9Aa [Def], Q11-9D [Def], Q11-9B [4:4]

Q11-9F

[R68888.00]

How often do you participate in vigorous physical exercise or sports - such as aerobics, running, swimming, or bicycling?

- | | |
|-----------------------------|--------------------------|
| 1 3 times or more each week | 4 Less than once a month |
| 2 Once or twice a week | 5 Never |
| 3 One to three times each | |
- month

Lead-In: Q11-9E [Def]

Q11-9G

[R68889.00]

How often do you do heavy housework like scrubbing floors or washing windows?

- | | |
|-----------------------------|--------------------------|
| 1 3 times or more each week | 4 Less than once a month |
| 2 Once or twice a week | 5 Never |
| 3 One to three times each | |
- month

Lead-In: Q11-9F [Def]

Q11-10

[R68890.00]

(%# of employers%); /* Check number of employers on the roster. */

0 EMPLOYERS...(Go To: Q11-79)
1+ EMPLOYERS

Lead-In: Q11-9G [Def]

Q11-12B

[R68891.00]

Now, I would like to ask you a few questions about any injuries and illnesses you might have received or gotten while you were working on a job. Since %*date of last interview%, have you had an incident at any job we previously discussed that resulted in an injury or illness to you?

1 YES...(Go to Q11-12C)
0 NO

Go To: Q11-79
Lead-In: Q11-10 [Def]

Q11-12C

/* BEGIN LOOP to collect information about most recent & most serious work-related injuries */
REPEAT(%q11-loop1-counter%); /* Questionnaire allows for 2 sets of work-related injuries – the most recent and the most serious */

Lead-In: Q11-12B [1:1]

Q11-13

[R68892.00]

(What is the name of the employer you were working for when the %most (recent/severe)% incident that resulted in an injury or illness to you occurred?) (INTERVIEWER:MOVE HIGHLIGHTED BAR TO THE EMPLOYER R HAS NAMED AND PRESS <ENTER>. IF THERE IS NO MATCH, ASK R WHICH EMPLOYER LISTED IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS.)

Refer to Roster: EMPH—NAME, ID
If Answer =1 Then Go To: Q11-15A

Go To: Q11-15
Lead-In: Q11-12C [Def]

Q11-15

INTERVIEWER: YOU HAVE SELECTED THE EMPLOYER LISTED BELOW AS THE SAME ONE R IS REPORTING A WORK-RELATED INJURY OR ILLNESS FOR. IF THIS IS NOT CORRECT, RETURN TO THE PREVIOUS QUESTION BY PRESSING THE <PAGE-UP> KEY AND SELECT THE CORRECT EMPLOYER.

EMPLOYER: %name of employer where injury/illness occurred()%.

Go To: Q11-17
Lead-In: Q11-13 [Def]

Q11-15A

INTERVIEWER: NO EMPLOYER MATCH WAS FOUND.
RECORD THE EMPLOYER FOR WHICH R IS REPORTING A WORK RELATED ILLNESS.

Enter Answer: _____

Lead-In: Q11-13 [1:1]

Q11-17

[R68894.00]

In what month and year did the %most (recent/severe)% injury or illness happen to you?

Enter Date: |__|__| |__|__|__|__|
 Mon Year

Lead-In: Q11-15 [Def], Q11-15A [Def]

Q11-18

[R68896.00]

(HAND CARD CC) Which one category on this card best describes the activity you were engaged in at the time of the incident?

- | | | | |
|---|---|---|--------------------------|
| 1 | Employer-directed travel...(Go To: Q11-15A) | 5 | Personal business |
| 2 | Employer-directed training | 6 | Normal work activity |
| 3 | Meal break | 7 | Other activity (SPECIFY) |
| 4 | Rest break | | |

Lead-In: Q11-17 [Def]

Q11-19

[R68898.00]

Did the incident result in an injury or an illness?

- 1 injury
- 2 illness

Lead-In: Q11-18 [Def]

Q11-20

What part of the body was hurt or affected? Enter Answer: _____

Lead-In: Q11-19 [Def]

Q11-21

[R68902.00]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER ANSWER...(Go to Q11-22)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Go To: Q11-25

Lead-In: Q11-20 [Def]

Q11-22

INTERVIEWER: ENTER BELOW THE SECOND PART OF THE BODY THAT WAS HURT OR AFFECTED.

Enter Answer: _____

Lead-In: Q11-21 [1:1]

Q11-23

[R68905.00]

(PROBE:) What other part of the body was hurt or affected?

- 1 SELECT TO ENTER ANSWER...(Go to Q11-24)
- 0 NO OTHER PART OF THE BODY WAS HURT OR AFFECTED

Go To: Q11-25

Lead-In: Q11-22 [Def]

Q11-24

INTERVIEWER: ENTER BELOW THE THIRD PART OF THE BODY THAT WAS HURT OR AFFECTED.

Enter Answer: _____

Lead-In: Q11-23 [1:1]

Q11-25

(INTERVIEWER: FOR (%1st body part affected in work-injury/illness()) ASK:) What kind of %injury/illness() was it?

Enter Answer: _____

Lead-In: Q11-21 [Def], Q11-23 [Def], Q11-24 [Def]

Q11-26

[R68910.00]

((Q11-21())=1); /* is there another part of the body to ask about? */

1 CONDITION APPLIES...(Go To: Q11-27)

0 CONDITION DOES NOT APPLY

Go To: Q11-30

Lead-In: Q11-25 [Def]

Q11-27

(INTERVIEWER: FOR ((Q11-22())) ASK:) What kind of %injury/illness() was it?

Enter Answer: _____

Lead-In: Q11-26 [1:1]

Q11-28

[R68914.00]

((Q11-23())=1); /* is there another part of the body to ask about? */

1 CONDITION APPLIES...(Go To: Q11-29)

0 CONDITION DOES NOT APPLY

Go To: Q11-30

Lead-In: Q11-27 [Def]

Q11-29

(INTERVIEWER: FOR ((Q11-24())) ASK:) What kind of %injury/illness() was it?

Enter Answer: _____

Lead-In: Q11-28 [1:1]

Q11-30

[R68917.00]

Did the %injury/illness() cause you to miss one or more scheduled days of work, not counting the day of the incident?

1 YES...(Go to Q11-31)

0 NO

Go To: Q11-32

Lead-In: Q11-26 [Def], Q11-28 [Def], Q11-29 [Def]

Q11-31

[R68919.00]

Not counting the day of the incident, how many days was this? (INTERVIEWER: READ IF NECESSARY: Unless you normally work weekends, do not count them as "scheduled" days. Make sure you do not count the day of the incident.)

Enter Answer: |_|_|_|

Lead-In: Q11-30 [1:1]

Q11-32

[R68921.00]

Did the %injury/illness()% cause you ... to be assigned to another job on a temporary basis?

1 YES

0 NO

Lead-In: Q11-30 [Def], Q11-31 [Def]

Q11-33

[R68923.00]

Did the %injury/illness()% cause you ... to work at your regular job less than full time?

1 YES

0 NO

Lead-In: Q11-32 [Def]

Q11-34

[R68925.00]

Did the %injury/illness()% cause you ... to work at your regular job, but be unable to perform all of the normal duties of the job?

1 YES

0 NO

Lead-In: Q11-33 [Def]

Q11-35

[R68927.00]

(([Q11-32()]=1) OR ([Q11-33()]=1) OR ([Q11-34()]=1)); /* Check if any of the three preceding questions contain a 'yes' */

1 CONDITION APPLIES...(Go To: Q11-36)

0 CONDITION DOES NOT APPLY

Go To: Q11-37

Lead-In: Q11-34 [Def]

Q11-36

[R68929.00]

Not counting the day of the incident, how many days altogether was this?

Enter Answer:

|_|_|_|

Lead-In: Q11-35 [1:1]

Q11-37

[R68931.00]

Did the %injury/illness()% (also) cause you... to be laid off?

- 1 YES
- 0 NO

Lead-In: Q11-35 [Def], Q11-36 [Def]

Q11-38
[R68933.00]

Did the %injury/illness()% (also) cause you... to quit?

- 1 YES
- 0 NO

Lead-In: Q11-37 [Def]

Q11-39
[R68935.00]

Did the %injury/illness()% (also) cause you... to be fired?

- 1 YES
- 0 NO

Lead-In: Q11-38 [Def]

Q11-40
[R68937.00]

Did the %injury/illness()% (also) cause you... to change occupations?

- 1 YES
- 0 NO

Lead-In: Q11-39 [Def]

Q11-41
[R68939.00]

Did you lose any wages because of the %injury/illness()%?

- 1 YES
- 0 NO

Lead-In: Q11-40 [Def]

Q11-42
[R68941.00]

Did you or your employer fill out a worker's compensation form for this %injury/illness()%?

- 1 YES...(Go to Q11-43)
- 0 NO

Go To: Q11-45

Lead-In: Q11-41 [Def]

Q11-43
[R68943.00]

Have you collected any worker's compensation benefits for this %injury/illness()%?

- 1 YES...(Go to Q11-45)
- 0 NO

Lead-In: Q11-42 [1:1]

Q11-44
[R68945.00]

Is there a worker's compensation claim pending for this %injury/illness()%?

- 1 YES
- 0 NO

Lead-In: Q11-43 [Def]

Q11-45
[R68947.00]

Is the %injury/illness()% we've just discussed the most severe injury or illness that you have received or gotten since %*date of last interview% while you were working at any job we have already talked about?

- 1 YES
- 0 NO

Lead-In: Q11-42 [Def], Q11-44 [Def], Q11-43 [1:1]

Q11-46
/* END LOOP when most recent and most severe injury accounted for */
UNTIL (%q11-loop1-counter%,(%q11-loop1-counter%=2) OR ([Q11-45()]=1));

Lead-In: Q11-45 [Def]

Q11-79
[R68949.00]

Now we have a few questions about health care and hospitalization plans. Are you covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, %medicaid program name%.

(INTERVIEWER: GENERALLY, IF R OR EMPLOYER DO NOT HAVE TO PAY, THE INSURANCE IS
MEDICAID OR A MEDICAID ALTERNATIVE. PLEASE SEE HELP SCREEN FOR LIST OF
MEDICAID
ALTERNATIVE PROVIDERS AND PLANS FOR %r state of residence%.)

- 1 YES...(Go to Q11-80B)
- 0 NO

Go To: Q11-81C

Lead-In: Q11-12B [Def], Q11-46 [Def], Q11-10 [0:0]

Q11-80B
[R68950.00]

(HAND CARD DD) What is the source of your health or hospitalization plan? Is it from a policy from your current or previous employer, (a policy from (your) %spouse/partner's name%'s current or previous employer), a policy bought directly from a medical insurance company, is it (Medicaid or an alternative Medicaid %medicaid program name%/Welfare/Medi-Cal/Medical Assistance/Medical Services), or is it from some other source?

(SELECT ALL THAT APPLY.)

- 1 1. Policy from your CURRENT employer
- 2 2. Policy from a PREVIOUS employer

- 3 3. Policy from spouse's or partner's CURRENT employer
- 4 4. Policy from spouse's or partner's PREVIOUS employer
- 5 5. Policy bought directly from medical insurance company
- 6 6. Medicaid or Medicaid provider/Medi-Cal/Medical Assist/Welfare/Medical Service
- 7 7. Other (SPECIFY)

Lead-In: Q11-79 [1:1]

Q11-80C
[R68951.00]

I want to ask you about your primary insurance plan. That is the plan that pays most of the cost of your doctor and hospital bills. Is this plan a Health Maintenance Organization, HMO, network or Point of Service plan?

- 1 YES
- 0 NO

Lead-In: Q11-80B [Def]

Q11-80D
[R68952.00]

Is this a Preferred Provider Organization or a PPO? That is, do you get increased benefits or lower co-pay if you use a participating provider?

- 1 YES
- 0 NO

Lead-In: Q11-80C [Def]

Q11-80E
[R68953.00]

Does this plan require you to get authorization from a primary care provider before seeing a medical specialist?

- 1 YES
- 0 NO

Lead-In: Q11-80D [Def]

Q11-80F
[R68954.00]

Have you (or your employer) set up a medical savings account (msa) to help pay your health care expenses?

- 1 YES
- 0 NO

Lead-In: Q11-80E [Def]

Q11-81A
[R68955.00]

Since %*date of last interview%, were there any months when you were not covered by health insurance?

- 1 YES...(Go to Q11-81B)
- 0 NO

Go To: Q11-82

Lead-In: Q11-80F [Def]

Q11-81B

[R68956.00]

Which months? (MARK ALL THAT APPLY)

- | | | |
|--------------------|---------------------|---------------------|
| (1) JANUARY 1998 | (13) JANUARY 1999 | (25) JANUARY 2000 |
| (2) FEBRUARY 1998 | (14) FEBRUARY 1999 | (26) FEBRUARY 2000 |
| (3) MARCH 1998 | (15) MARCH 1999 | (27) MARCH 2000 |
| (4) APRIL 1998 | (16) APRIL 1999 | (28) APRIL 2000 |
| (5) MAY 1998 | (17) MAY 1999 | (29) MAY 2000 |
| (6) JUNE 1998 | (18) JUNE 1999 | (30) JUNE 2000 |
| (7) JULY 1998 | (19) JULY 1999 | (31) JULY 2000 |
| (8) AUGUST 1998 | (20) AUGUST 1999 | (32) AUGUST 2000 |
| (9) SEPTEMBER 1998 | (21) SEPTEMBER 1999 | (33) SEPTEMBER 2000 |
| (10) OCTOBER 1998 | (22) OCTOBER 1999 | (34) OCTOBER 2000 |
| (11) NOVEMBER 1998 | (23) NOVEMBER 1999 | (35) NOVEMBER 2000 |
| (12) DECEMBER 1998 | (24) DECEMBER 1999 | (36) DECEMBER 2000 |

Go To: Q11-82

Lead-In: Q11-81A [1:1]

Q11-81C

[R68957.00]

When was the most recent time you were covered by insurance?

- 1 SELECT TO ENTER DATE...(Go to Q11-81D)
- 0 NEVER COVERED BY HEALTH INSURANCE
- 2 DK, PRECEDES DATE OF MARRIAGE/PARTNERSHIP

Go To: Q11-82

Lead-In: Q11-79 [Def]

Q11-81D

[R68958.00]

(When was the most recent time you were covered by insurance?) ENTER MONTH AND YEAR

Enter Date:
 Mon Year

Lead-In: Q11-81C [1:1]

Q11-82

[R68959.00]

(((((%current marital status code%=1) OR (%current marital status code%=5) OR (%current marital status code%=4)) AND (%spouse listed in hh?%=1)) OR (%partner listed in hh?%=1)); /* Is current marital status "married" or "remarried" and there is a spouse listed on the household roster or is a partner listed? */

- 1 CONDITION APPLIES...(Go To: Q11-83)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-85

Lead-In: Q11-81A [Def], Q11-81B[Def], Q11-81C [Def], Q11-81D [Def]

Q11-83

[R68960.00]

Is %spouse/partner's name% covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, %medicaid program name%.

(INTERVIEWER: GENERALLY, IF R OR EMPLOYER DO NOT HAVE TO PAY, THE INSURANCE IS
MEDICAID OR A MEDICAID ALTERNATIVE. PLEASE SEE HELP SCREEN FOR LIST OF
MEDICAID
ALTERNATIVE PROVIDERS AND PLANS FOR %r state of residence%.)

- 1 YES...(Go to Q11-84B)
- 0 NO

Go To: Q11-85
Lead-In: Q11-82 [1:1]

Q11-84B
[R68961.00]

(HAND CARD DD) What is the source of %spouse/partner's name%'s health or hospitalization plan?
(READ AS NECESSARY) Is it from a policy from your current or previous employer, a policy from
%spouse/partner's name%'s current or previous employer, a policy bought directly from a medical
insurance company, is it (Medicaid or an alternative Medicaid %medicaid program name%/Welfare/Medi-
Cal/Medical Assistance/Medical Services), or is it from some other source? (CODE ALL THAT APPLY.)

- 1 1. Policy from your CURRENT employer
- 2 2. Policy from a PREVIOUS employer
- 3 3. Policy from spouse's or partner's CURRENT employer
- 4 4. Policy from spouse's or partner's PREVIOUS employer
- 5 5. Policy bought directly from medical insurance company
- 6 6. Medicaid or Medicaid provider/Medi-Cal/Medical Assist/Welfare/Medical Service
- 7 7. Other (SPECIFY)

Lead-In: Q11-83 [1:1]

Q11-85
[R68962.00]

(%# bio children after new added% > 0); /* ANY BIOLOGICAL CHILDREN REPORTED? */

- 1 CONDITION APPLIES...(Go To: Q11-87)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-H40-2
Lead-In: Q11-82 [Def], Q11-83 [Def], Q11-84B [Def]

Q11-87
[R68973.00]

%Is your child/Are your children% covered by any kind of private or governmental health or
hospitalization plans or health maintenance organization (HMO) plans? (PROBE IF NECESSARY:)
Examples of health and hospitalization insurance plans include %children's health insurance plan name%,
Blue Cross, Blue Shield, Medicaid/Welfare/Public Medical Insurance.

- 1 YES...(Go to Q11-88B)
- 0 NO

Go To: Q11-H40-2
Lead-In: Q11-85 [Def]

Q11-88B
[R68974.00]

(HAND CARD DD) What is the source of your (child/children)'s health or hospitalization plan?
(READ AS NECESSARY) Is it from a policy from your current or previous employer, (your)

%spouse/partner's name%'s current or previous employer, a policy bought directly from a medical insurance company, a program such as %children's health insurance plan name%, Medicaid/Welfare/Public Medical Insurance, or is it from some other source?

- 1 1. Policy from your CURRENT employer
- 2 2. Policy from a PREVIOUS employer
- 3 3. Policy from spouse's or partner's CURRENT employer
- 4 4. Policy from spouse's or partner's PREVIOUS employer
- 5 5. Policy bought directly from medical insurance company
- 6 6. Medicaid or Medicaid provider/Medi-Cal/Medical Assist/Welfare/Medical Service
- 8 8. Policy provided by other parent (other parent not in household)
- 7 7. Other (SPECIFY)

Lead-In: Q11-87 [1:1]

Q11-H40-2

[R68975.00]

(%age of r% >= 40); /* Is respondent 40 years old or older? */

- 1 CONDITION APPLIES...(Go To: Q11-H40-2a)
- 0 CONDITION DOES NOT APPLY

Go To: Q13-1A

Lead-In: Q11-85 [Def], Q11-87 [Def], Q11-88B [Def]

Q11-H40-2a

[R68976.00]

(%r answer 40+ health qs in previous survey?%=1); /*did this respondent go through the extended health questions in round 18? If yes, skip out*/

- 1 CONDITION APPLIES
- 0 CONDITION DOES NOT APPLY...(Go To: Q11-H40CESD-1A)

Go To: Q13-1A

Lead-In: Q11-H40-2 [1:1]

Q11-H40CESD-1A

[R68977.00]

Now I am going to read a list of the ways that you might have felt or behaved recently. After each statement, please

tell me how often you felt this way during the past week. During the past week..... I did not feel like eating; my appetite was poor.

- | | | | |
|---|------------------------------------|---|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 Days | | |
| | Days | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40-2a [0:0]

Q11-H40CESD-1B

[R68978.00]

During the past week.... I had trouble keeping my mind on what I was doing.

- | | | | |
|---|------------------------------------|---|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 Days | | |
| | Days | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1A [Def]

Q11-H40CESD-1C
[R68979.00]

During the past week.... I felt depressed.

- | | | | |
|------|-------------------------------|------|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 | Days | |
| Days | | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1B [Def]

Q11-H40CESD-1D
[R68980.00]

During the past week.... I felt that everything I did was an effort.

- | | | | |
|------|-------------------------------|------|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 | Days | |
| Days | | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1C [Def]

Q11-H40CESD-1E
[R68981.00]

During the past week.... My sleep was restless.

- | | | | |
|------|-------------------------------|------|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 | Days | |
| Days | | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1D [Def]

Q11-H40CESD-1F
[R68982.00]

During the past week.... I felt sad.

- | | | | |
|------|-------------------------------|------|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 | Days | |
| Days | | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1E [Def]

Q11-H40CESD-1G
[R68983.00]

During the past week.... I could not get "going".

- | | | | |
|------|-------------------------------|------|--|
| 0 | Rarely/None of the time/1 Day | 2 | Occasionally/Moderate amount of the time/3-4 |
| 1 | Some/A little of the time/1-2 | Days | |
| Days | | 3 | Most/All of the time/5-7 Days |

Lead-In: Q11-H40CESD-1F [Def]

Q11-H40HMNT-1
[R68984.00]

I would like to know about your most recent visit(s) to a health care professional. When was the last time you visited a health care professional for any reason?

- 1 SELECT TO ENTER DATE...(Go to Q11-H40HMNT-1A)
- 0 NEVER

Go To: Q11-H40HMNT-2
Lead-In: Q11-H40CESD-1G [Def]

Q11-H40HMNT-1A
[R68985.00]

(ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Lead-In: Q11-H40HMNT-1 [1:1]

Q11-H40HMNT-2
[R68986.00]

When did you last visit a health care professional for a general physical exam?

- 1 SELECT TO ENTER DATE...(Go to Q11-H40HMNT-2A)
- 0 NEVER

Go To: Q11-H40BPAR-1
Lead-In: Q11-H40HMNT-1 [Def], Q11-H40HMNT-1A [Def]

Q11-H40HMNT-2A
[R68987.00]

(ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Lead-In: Q11-H40HMNT-2 [1:1]

Q11-H40BPAR-1
[R68988.00]

This next series of questions asks about your biological parent's health. Is your biological father still alive?

- 1 YES...(Go to Q11-H40BPAR-4)
- 0 NO

If Answer >=-2 and Answer <=-1 Then Go To: Q11-H40BPAR-6

Lead-In: Q11-H40HMNT-2 [Def], Q11-H40HMNT-2A [Def]

Q11-H40BPAR-2
[R68989.00]

What caused your biological father's death?

- | | |
|---------------|---------------|
| 1 Heart | 4 Old Age |
| Attack/Stroke | 5 Emphysema |
| 2 Accident | |
| 3 Cancer | |

Lead-In: Q11-H40BPAR-1 [Def]

Q11-H40BPAR-3
[R68990.00]

How old was he when he died? (ENTER AGE) Enter Answer: |_|_|_|_|

Lead-In: Q11-H40BPAR-2 [Def]

Q11-H40BPAR-4
[R68991.00]

%Did/Does% your father have any major health problems?

- 1 YES...(Go to Q11-H40BPAR-5)
- 0 NO

Go To: Q11-H40BPAR-6
Lead-In: Q11-H40BPAR-3 [Def], Q11-H40BPAR-1 [1:1]

Q11-H40BPAR-5

What %are/were% these problems? Enter Answer: _____

Lead-In: Q11-H40BPAR-4 [1:1]

Q11-H40BPAR-6
[R68996.00]

Is your biological mother still alive?

- 1 YES...(Go to Q11-H40BPAR-9)
- 0 NO

If Answer >=-2 and Answer <=-1 Then Go To: Q11-H40SF12-2

Lead-In: Q11-H40BPAR-4 [Def], Q11-H40BPAR-5 [Def], Q11-H40BPAR-1 [-2:-1]

Q11-H40BPAR-7
[R68997.00]

What caused your biological mother's death?

- | | |
|---------------|-------------|
| 1 Heart | 4 Old Age |
| Attack/Stroke | 5 Emphysema |
| 2 Accident | |
| 3 Cancer | |

Lead-In: Q11-H40BPAR-6 [Def]

Q11-H40BPAR-8
[R68998.00]

How old was she when she died? (ENTER AGE) Enter Answer: |_|_|_|

Lead-In: Q11-H40BPAR-7 [Def]

Q11-H40BPAR-9
[R68999.00]

%Did/Does% your mother have any major health problems?

- 1 YES...(Go to Q11-H40BPAR-10)
- 0 NO

Go To: Q11-H40SF12-2
Lead-In: Q11-H40BPAR-8 [Def], Q11-H40BPAR-6 [1:1]

Q11-H40BPAR-10

What %are/were% these problems? Enter Answer: _____

Lead-In: Q11-H40BPAR-9 [1:1]

Q11-H40SF12-2
[R69006.00]

Next I will be asking you more specific questions about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can. In general, would you say your health is

- | | | | |
|---|-----------|---|------|
| 1 | Excellent | 4 | Fair |
| 2 | Very Good | 5 | Poor |
| 3 | Good | | |

Lead-In: Q11-H40BPAR-9 [Def], Q11-H40BPAR-10 [Def], Q11-H40BPAR-6 [-2:-1]

Q11-H40SF12-3
[R69007.00]

The following items are activities you might do during a typical day. Does your health limit you in these activities?.....Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- | | |
|---|------------------------|
| 3 | Yes, Limited a Lot |
| 2 | Yes, Limited a Little |
| 1 | No, Not Limited at All |

Lead-In: Q11-H40SF12-2 [Def]

Q11-H40SF12-3b
[R69008.00]

..... Climbing several flights of stairs?

- | | |
|---|------------------------|
| 3 | Yes, Limited a Lot |
| 2 | Yes, Limited a Little |
| 1 | No, Not Limited at All |

Lead-In: Q11-H40SF12-3 [Def]

Q11-H40SF12-4
[R69009.00]

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like?

- | | |
|---|-----|
| 1 | YES |
| 0 | NO |

Lead-In: Q11-H40SF12-3b [Def]

Q11-H40SF12-4b
[R69010.00]

.... Were limited in the kind of work or other activities?

- | | |
|---|-----|
| 1 | YES |
| 0 | NO |

Lead-In: Q11-H40SF12-4 [Def]

Q11-H40SF12-5
[R69011.00]

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?.... Accomplished less than you would like?

- 1 YES
- 0 NO

Lead-In: Q11-H40SF12-4b [Def]

Q11-H40SF12-5b
[R69012.00]

.... Didn't do work or other activities as carefully as usual?

- 1 YES
- 0 NO

Lead-In: Q11-H40SF12-5 [Def]

Q11-H40SF12-6
[R69013.00]

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside of the home and housework)?

- | | |
|----------------|---------------|
| 1 Not at all | 4 Quite a bit |
| 2 A little bit | 5 Extremely |
| 3 Moderately | |

Lead-In: Q11-H40SF12-5b [Def]

Q11-H40SF12-7
[R69014.00]

Thinking only of the past 4 weeks, please give the one answer that comes closest to the way you have been feeling.

How often during the past 4 weeks..... have you felt calm and peaceful?

- | | |
|--------------------------|------------------------|
| 1 All the time | 4 Some of the time |
| 2 Most of the time | 5 A little of the time |
| 3 A good bit of the time | 6 None of the time |

Lead-In: Q11-H40SF12-6 [Def]

Q11-H40SF12-7b
[R69015.00]

.... Did you have a lot of energy?

- | | |
|--------------------------|------------------------|
| 1 All the time | 4 Some of the time |
| 2 Most of the time | 5 A little of the time |
| 3 A good bit of the time | 6 None of the time |

Lead-In: Q11-H40SF12-7 [Def]

Q11-H40SF12-7c
[R69016.00]

.... Have you felt down-hearted and blue?

- | | |
|----------------|--------------------|
| 1 All the time | 4 Some of the time |
|----------------|--------------------|

- | | | | |
|---|-------------------|---|----------------------|
| 2 | Most of the time | 5 | A little of the time |
| 3 | A good bit of the | 6 | None of the time |
- time

Lead-In: Q11-H40SF12-7b [Def]

Q11-H40SF12-8
[R69017.00]

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- | | | | |
|---|-------------------|---|----------------------|
| 1 | All the time | 4 | Some of the time |
| 2 | Most of the time | 5 | A little of the time |
| 3 | A good bit of the | 6 | None of the time |
- time

Lead-In: Q11-H40SF12-7c [Def]

Q11-H40CHRC-1
[R69018.00]

Has a doctor ever told you that you have high blood pressure or hypertension?

- | | |
|---|------------------------------|
| 1 | YES...(Go to Q11-H40CHRC-1a) |
| 0 | NO |

Go To: Q11-H40CHRC-2
Lead-In: Q11-H40SF12-8 [Def]

Q11-H40CHRC-1a
[R69019.00]

In what month and year was that first diagnosed? (ENTER MONTH AND YEAR)

Enter Date:
 Mon Year

Lead-In: Q11-H40CHRC-1 [1:1]

Q11-H40CHRC-1b
[R69020.00]

Do you have high blood pressure or hypertension at the present time?

- | | |
|---|-----|
| 1 | YES |
| 0 | NO |

Lead-In: Q11-H40CHRC-1a [Def]

Q11-H40CHRC-2
[R69021.00]

Has a doctor ever told you that you have diabetes or high blood sugar?

- | | |
|---|------------------------------|
| 1 | YES...(Go to Q11-H40CHRC-2a) |
| 0 | NO |

Go To: Q11-H40CHRC-3
Lead-In: Q11-H40CHRC-1 [Def], Q11-H40CHRC-1b [Def]

Q11-H40CHRC-2a

[R69022.00]

In what month and year was that first diagnosed? (ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Lead-In: Q11-H40CHRC-2 [1:1]

Q11-H40CHRC-3

[R69023.00]

Has a doctor ever told you that you have cancer or malignant tumor of any kind except skin cancer?

- 1 YES...(Go to Q11-H40CHRC-3A)
- 0 NO

Go To: Q11-H40CHRC-4

Lead-In: Q11-H40CHRC-2 [Def], Q11-H40CHRC-2a [Def]

Q11-H40CHRC-3A

[R69024.00]

How many such cancers have you had? (ENTER AMOUNT) Enter Answer: |_|_|_|

If Answer =0 Then Go To: Q11-H40CHRC-4

Go To: Q11-H40CHRC-3ab

Lead-In: Q11-H40CHRC-3 [1:1]

Q11-H40CHRC-3ab

/* BEGIN LOOP to collect information about cancer diagnoses */

REPEAT(%q11-loop3-counter%); */* Questionnaire allows for multiple occurrence of cancer */*

Lead-In: Q11-H40CHRC-3A [Def]

Q11-H40CHRC-3b

[R69025.00]

In what month and year was %(next) most recent% cancer diagnosed? (ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Lead-In: Q11-H40CHRC-3ab [Def]

Q11-H40CHRC-3c

In which organ or part of your body did this cancer occur? Enter Answer: _____

Lead-In: Q11-H40CHRC-3b [Def]

Q11-H40CHRC-3d

[R69028.00]

Do you currently have any such cancer?

- 1 YES
- 0 NO...(Go To: Q11-H40CHRC-4)

Lead-In: Q11-H40CHRC-3c [Def]

Q11-H40CHRC-3db

/* END LOOP for cancer diagnoses */

UNTIL (%q11-loop3-counter%,(%q11-loop3-counter%=%# cancers reported%) or (%# cancers reported%=0));

Lead-In: Q11-H40CHRC-3d [Def]

Q11-H40CHRC-4
[R69031.00]

Not including asthma, has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-3 [Def], Q11-H40CHRC-3db [Def], Q11-H40CHRC-3A [0:0]

Q11-H40CHRC-5
[R69032.00]

Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

- 1 YES...(Go to Q11-H40CHRC-5a)
- 0 NO

Go To: Q11-H40CHRC-6

Lead-In: Q11-H40CHRC-4 [Def]

Q11-H40CHRC-5a
[R69033.00]

Did you have a heart attack or myocardial infarction?

- 1 YES...(Go to Q11-H40CHRC-5b)
- 0 NO

Go To: Q11-H40CHRC-5c

Lead-In: Q11-H40CHRC-5 [1:1]

Q11-H40CHRC-5b
[R69034.00]

In what month and year did you have your (last) heart attack or myocardial infarction? (ENTER MONTH AND YEAR)

Enter Date:
 Mon Year

Lead-In: Q11-H40CHRC-5a [1:1]

Q11-H40CHRC-5c
[R69035.00]

Do you currently have any angina or chest pains due to your heart?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-5a [Def], Q11-H40CHRC-5b [Def]

Q11-H40CHRC-6

[R69036.00]

Has a doctor ever told you that you have congestive heart failure?

- 1 YES...(Go to Q11-H40CHRC-6a)
- 0 NO

Go To: Q11-H40CHRC-7

Lead-In: Q11-H40CHRC-5 [Def], Q11-H40CHRC-5c [Def]

Q11-H40CHRC-6a

[R69037.00]

In what month and year was your congestive heart failure? (ENTER MONTH AND YEAR)

Enter Date: |_|_|_| |_|_|_|_|_|_|_|
 Mon Year

Lead-In: Q11-H40CHRC-6 [1:1]

Q11-H40CHRC-6b

[R69038.00]

Do you currently have congestive heart failure?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-6a [Def]

Q11-H40CHRC-7

[R69039.00]

Has a doctor ever told you that you had a stroke?

- 1 YES...(Go to Q11-H40CHRC-7a)
- 0 NO

Go To: Q11-H40CHRC-8

Lead-In: Q11-H40CHRC-6 [Def], Q11-H40CHRC-6b [Def]

Q11-H40CHRC-7a

[R69040.00]

In what month and year did you last have a stroke? (ENTER MONTH AND YEAR)

Enter Date: |_|_|_| |_|_|_|_|_|_|_|
 Mon Year

Lead-In: Q11-H40CHRC-7 [1:1]

Q11-H40CHRC-8

[R69041.00]

Has a doctor ever told you that you had emotional, nervous, or psychiatric problems?

- 1 YES...(Go to Q11-H40CHRC-8a)
- 0 NO

Go To: Q11-H40CHRC-9

Lead-In: Q11-H40CHRC-7 [Def], Q11-H40CHRC-7a [Def]

Q11-H40CHRC-8a

[R69042.00]

In what month and year were your emotional, nervous or psychiatric problems diagnosed? (ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Lead-In: Q11-H40CHRC-8 [1:1]

Q11-H40CHRC-8b
[R69043.00]

During the last 12 months, have you had any emotional, nervous, or psychiatric problems?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-8a [Def]

Q11-H40CHRC-9
[R69044.00]

Have you ever had, or has a doctor ever told you that you have, arthritis or rheumatism?

- 1 YES...(Go to Q11-H40CHRC-9A)
- 0 NO

Go To: Q11-H40CHRC-9b

Lead-In: Q11-H40CHRC-8 [Def], Q11-H40CHRC-8b [Def]

Q11-H40CHRC-9A
[R69045.00]

In what month and year was your arthritis or rheumatism diagnosed?

- 1 ENTER MONTH AND YEAR...(Go to Q11-H40CHRC-9ab)
- 0 NEVER DIAGNOSED

Go To: Q11-H40CHRC-10a

Lead-In: Q11-H40CHRC-9 [1:1]

Q11-H40CHRC-9ab
[R69046.00]

(In what month and year was your arthritis or rheumatism diagnosed?) (ENTER MONTH AND YEAR)

Enter Date: |_|_| |_|_|_|_|
 Mon Year

Go To: Q11-H40CHRC-10a

Lead-In: Q11-H40CHRC-9A [1:1]

Q11-H40CHRC-9b
[R69047.00]

Do you sometimes have pain, stiffness, or swelling in your joints?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-9 [Def]

Q11-H40CHRC-10a
[R69048.00]

Do you have any of the following health problems? (other than problems discussed earlier) Asthma?
(Shortness of breath or chronic cough?)

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-9A [Def], Q11-H40CHRC-9ab [Def], Q11-H40CHRC-9b [Def]

Q11-H40CHRC-10b
[R69049.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Problems
with your back?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10a [Def]

Q11-H40CHRC-10c
[R69050.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Problems
with your feet and legs?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10b [Def]

Q11-H40CHRC-10d
[R69051.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Kidney or
bladder problems?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10c [Def]

Q11-H40CHRC-10e
[R69052.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Stomach or
intestinal ulcers?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10d [Def]

Q11-H40CHRC-10f
[R69053.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) High
cholesterol?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10e [Def]

Q11-H40CHRC-10g
[R69054.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Pain or pressure in your chest, palpitation or pounding heart, or heart trouble?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10f [Def]

Q11-H40CHRC-10h
[R69055.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Low blood pressure?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10g [Def]

Q11-H40CHRC-10i
[R69056.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Chronic or frequent colds, sinus problems, hay fever or allergies?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10h [Def]

Q11-H40CHRC-10j
[R69057.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Frequent indigestion, stomach, liver or intestinal trouble, gall bladder trouble or gallstones?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10i [Def]

Q11-H40CHRC-10k
[R69058.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Depression or excessive worry or nervous trouble of any kind?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10j [Def]

Q11-H40CHRC-10l
[R69059.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Swollen or painful joints, frequent cramps in your legs or bursitis? (arthritis and rheumatism already addressed)

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10k [Def]

Q11-H40CHRC-10m
[R69060.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Lameness or paralysis (including polio)?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10l [Def]

Q11-H40CHRC-10o
[R69061.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Scarlet fever, rheumatic fever, tuberculosis, jaundice or hepatitis?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10m [Def]

Q11-H40CHRC-10p
[R69062.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Frequent or severe headaches, dizziness or fainting spells?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10o [Def]

Q11-H40CHRC-10q
[R69063.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Eye trouble, other than glasses or contacts?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10p [Def]

Q11-H40CHRC-10r
[R69064.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Ear, nose, or throat trouble?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10q [Def]

Q11-H40CHRC-10s
[R69065.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Severe tooth or gum trouble?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10r [Def]

Q11-H40CHRC-10t
[R69066.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Skin diseases?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10s [Def]

Q11-H40CHRC-10u
[R69067.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Thyroid trouble or goiter?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10t [Def]

Q11-H40CHRC-10z
[R69068.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Neuritis?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10u [Def]

Q11-H40CHRC-10aa
[R69069.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Epilepsy or fits?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10z [Def]

Q11-H40CHRC-10bb
[R69070.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Frequent trouble sleeping?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10aa [Def]

Q11-H40CHRC-10cc
[R69071.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Frequent

urinary tract infections? (other than kidney problems discussed earlier)

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10bb [Def]

Q11-H40CHRC-10dd
[R69072.00]

(Do you have any of the following health problems? (other than problems discussed earlier))
Osteoporosis?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10cc [Def]

Q11-H40CHRC-10ee
[R69073.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Ulcer?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10dd [Def]

Q11-H40CHRC-10ff
[R69074.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Hardening of the arteries?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10ee [Def]

Q11-H40CHRC-10gg
[R69075.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Anemia?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10ff [Def]

Q11-H40CHRC-10gh
[R69076.00]

(%r's gender%=2); /* is respondent female? */

- 1 CONDITION APPLIES...(Go To: Q11-H40CHRC-10ii)
- 0 CONDITION DOES NOT APPLY

Go To: Q11-H40CHRC-11

Lead-In: Q11-H40CHRC-10gg [Def]

Q11-H40CHRC-10ii
[R69077.00]

(Do you have any of the following health problems? (other than problems discussed earlier)) Have you

ever had a change in menstrual patterns?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-10gh [1:1]

Q11-H40CHRC-11
[R69078.00]

Have you had a fracture or broken bone in the last 10 years?

- 1 YES...(Go to Q11-H40CHRC-11a)
- 0 NO

Go To: Q11-H40CHRC-12
Lead-In: Q11-H40CHRC-10gh [Def], Q11-H40CHRC-10ii [De f]

Q11-H40CHRC-11a
[R69079.00]

In what year did you last break a bone? (ENTER YEAR) Enter Answer: |_|_|_|_|_|

Lead-In: Q11-H40CHRC-11 [1:1]

Q11-H40CHRC-12
[R69080.00]

Have you ever been unconscious due to a head injury?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-11 [Def], Q11-H40CHRC-11a [Def]

Q11-H40CHRC-13
[R69081.00]

Are you often troubled with pain?

- 1 YES...(Go to Q11-H40CHRC-13a)
- 0 NO

Go To: Q11-H40CHRC-14
Lead-In: Q11-H40CHRC-12 [Def]

Q11-H40CHRC-13a
[R69082.00]

When the pain is at its worst, is it mild, moderate or severe?

- 1 Mild
- 2 Moderate
- 3 Severe

Lead-In: Q11-H40CHRC-13 [1:1]

Q11-H40CHRC-13b
[R69083.00]

How bad is the pain most of the time: mild, moderate or severe?

- 1 Mild
- 2 Moderate

3 Severe

Lead-In: Q11-H40CHRC-13a [Def]

Q11-H40CHRC-13c
[R69084.00]

Does the pain make it difficult for you to do normal work?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-13b [Def]

Q11-H40CHRC-13d
[R69085.00]

Is any of the pain in your lower back?

- 1 YES...(Go to Q11-H40CHRC-13e)
- 0 NO

Go To: Q11-H40CHRC-14
Lead-In: Q11-H40CHRC-13c [Def]

Q11-H40CHRC-13e
[R69086.00]

Does your back pain ever get severe enough for you to miss work?

- 1 YES
- 0 NO

Lead-In: Q11-H40CHRC-13d [1:1]

Q11-H40CHRC-13f
[R69087.00]

Is your back pain due to a slipped disk, is it due to arthritis, or is it due to some other condition?

- 1 Slipped disk
- 2 Arthritis
- 3 Other (SPECIFY)

Lead-In: Q11-H40CHRC-13e [Def]

Q11-H40CHRC-14
[R69088.00]

Do you spend more than 10 minutes a day on your own health problems or conditions, such as preparing and taking medicines, applying treatments, taking care of surgical problems or doing any kind of rehabilitation?

- 1 YES...(Go to Q11-H40CHRC-14a)
- 0 NO

Go To: Q11-H40CHRC-15
Lead-In: Q11-H40CHRC-13 [Def], Q11-H40CHRC-13d [Def], Q11-H40CHRC-13f [Def]

Q11-H40CHRC-14a
[R69089.00]

On average, how many minutes a day do you spend on this? (ENTER NUMBER OF MINUTES)

Enter Answer: |_|_|_|

Lead-In: Q11-H40CHRC-14 [1:1]

Q11-H40CHRC-15

[R69090.00]

Do you wear eyeglasses or contact lenses?

1 YES

0 NO

Lead-In: Q11-H40CHRC-14 [Def], Q11-H40CHRC-14a [Def]

Q11-H40CHRC-16

[R69091.00]

% with your glasses, is/Is% your eyesight excellent, very good, good, fair or poor?

1 Excellent

4 Fair

2 Very Good

5 Poor

3 Good

Lead-In: Q11-H40CHRC-15 [Def]

Q11-H40CHRC-17

[R69092.00]

Do you wear a hearing aid?

1 YES...(Go to Q11-H40CHRC-17a)

0 NO

Go To: Q11-H40CHRC-18

Lead-In: Q11-H40CHRC-16 [Def]

Q11-H40CHRC-17a

[R69093.00]

How often do you usually wear a hearing aid - almost always, often, sometimes or almost never?

1 Almost always

2 Often

3 Sometimes

4 Almost never

Lead-In: Q11-H40CHRC-17 [1:1]

Q11-H40CHRC-18

[R69094.00]

%(Using your hearing aid)% Is your hearing excellent, very good, good, fair or poor?

1 Excellent

4 Fair

2 Very Good

5 Poor

3 Good

Lead-In: Q11-H40CHRC-17 [Def], Q11-H40CHRC-17a [Def]
